DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

FORM APPROVE
OMB NO. 0920-0

CDC REYE SYNDROME CASE INVESTIGATION REPORT

(1-4) ID No.

Please write in where necessary, and check boxes where applicable (disregard numbers in parentheses).

1. Name of Reporting Individual

Address Street

City State Zip Code

Telephone No. (Area Code)

Name of Hospital With Which Affiliated

Name of City in Which Hospital is Located

2. First 3 letters of Patient's last name (5-7)

3. State

4. County

FOR CDC USE ONLY (8-9) (10-12)

5. Age in years: (13-14) months (if under 3 yrs old) (15-16)

6. Patient's Sex: (17) 1. Male 2. Female

7. Patient's Race: (18) 1. White 2. Black 3. Asian or Pacific Islander 4. American Indian or Alaskan Native

8. Patient's Ethnicity: (19) 1. Of Hispanic Origin 2. Not of Hispanic Orig 3. Not Specified

9. Was patient hospitalized? (20) 1 Yes 0 No 9 Unknown

IF PATIENT HOSPITALIZED, REPORT THE FOLLOWING FOR EACH HOSPITAL IN WHICH PATIENT WAS HOSPITALIZED:

Name and City of 1st hospital

Name and City of 2nd hospital

	Mo.	Day	Yr.
Date of 1st hospitalization		(21-26)	
Date of discharge from 1st hospital, or death		(27-32)	
Date of 2nd hospitalization		(33-38)	
Date of discharge from 2nd hospital, or death		(39-44)	

10. Date of onset of Reye Syndrome (onset of severe vomiting or mental status change, whichever appeared first). Mo. Day Yr. (45-50)

11. During the 3 weeks before onset of Reye Syndrome was there an antecedent illness? (51) 1 Yes 0 No 9 Unknown

If yes, date of onset of antecedent illness Mo. Day Yr. (52-57)

12. If there was an antecedent illness, was there:

	Yes	No	Unknown	
Diarrhea as part of the antecedent illness?	1	0	9	(58)
Respiratory symptoms as part of the antecedent illness?	1	0	9	(59)
Fever as part of the antecedent illness?	1	0	9	(60)
Chickenpox as the antecedent illness?	1	0	9	(61)
Other rash as part of the antecedent illness?	1	0	9	(62)

13. A. Was there vomiting at any time? (63) 1 Yes 0 No 9 Unknown

B. If there was vomiting at any time, was the vomiting? (check only one) (64) Part of the antecedent illness 1; or part of both antecedent and Reye Syndrome 3; Part of the Reye Syndrome 2; Unknown 9

14. A. Check the appropriate box to indicate the best description of the patient's condition at admission to the hospital where the major part of therapy (or at diagnosis, if not hospitalized) was performed.

B. Check the best description of the patient's condition during the most severe phase of illness.

		A. Patient's Condition at Admission (Check Only One) (65)	B. Patient's Condition During Most Severe Phase of Illness (Check Only One) (66)
Alert wakefulness	0		
Difficult to arouse, lethargic, sleepy	1		
Delirious, combative, purposeful or semi-purposeful motor responses	2		
Unarousable, predominantly flexor motor responses, decorticate	3		
Unarousable, predominantly extensor motor responses, decerebrate	4		
Unarousable, flaccid paralysis, areflexia pupils unresponsive	5		
Curarized or equivalent, therefore could not classify	6		
Condition unknown	9		

15. Was patient vaccinated during month preceding onset of Reye Syndrome? (67)

1 Yes 0 No 9 Unknown

IF YES, SPECIFY VACCINE AND DATE RECEIVED

Vaccine	Date Recieved Mo.	Day	Yr.
		(68-73)	
		(74-79)	
		(80-85)	

16. Did the patient ever have a previous case of physician-diagnosed Reye Syndrome? (86)

1 Yes 0 No 9 Unknown

17. Has Reye Syndrome ever been diagnosed in a sibling or blood relative? (87)

1 Yes 0 No 9 Unknown

18. Did the patient have a recent viral or bacterial infection (associated with Reye Syndrome) documented by culture, serology or other laboratory test?

	Yes	No	Unknown	IF YES, HOW WAS AGENT IDENTIFIED: Culture	Serology	Other	Unknown
Flu A	☐ 1	☐ 0	☐ 9 (88)	☐ 1	☐ 2	☐ 3	☐ 9 (89)
Flu B	☐ 1	☐ 0	☐ 9 (90)	☐ 1	☐ 2	☐ 3	☐ 9 (91)
Other (specify)	☐ 1	☐ 0	☐ 9 (92)	☐ 1	☐ 2	☐ 3	☐ 9 (93)

19. Was there a three-fold or greater elevation in the normal laboratory value of either the serum SGOT, SGPT or NH_3? (94) ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

20. What were the patient's highest lab values for the following: SGOT ☐☐☐☐ Units (95-98) SGPT ☐☐☐☐ Units (99-102) NH_3 ☐☐☐☐ µg/100ml (103-106)

21. What was the lowest serum glucose value? ☐☐☐☐ mg% (107-110)

22. What were the patient's highest lab values for the following: CPK ☐☐☐☐ Units (111-114) BLANK (115-116)

23. Was patient's cerebrospinal (CSF) cell count normal? (117) ☐ 1 Yes ☐ 0 No ☐ 3 Not done

Enter the following in spaces provided:

TOTAL WBC ☐☐☐☐ mm^3 (118-121) RBC ☐☐☐☐ mm^3 (122-125) %LYMPH ☐☐ (126-127) %POLY ☐☐ (128-129) PROT ☐☐ mg% (130-131) GLUCOSE ☐☐☐ mg% (132-134)

24. Was blood for a salicylate level obtained within 48 hours of admission to the hospital? (135) ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

If YES, was salicylate detectable? (136) ☐ 1 Yes ☐ 0 No ☐ 9 Unknown BLANK (139)-(162)

If YES, how many mg %? ☐☐ (137-138)

25. What was outcome of this illness? Select the most appropriate answer. (163)

- ☐ 1. Prognosis unclear at present
- ☐ 2. Patient recovered
- ☐ 3. Suffered mild neurological residual
- ☐ 4. Suffered severe neurological residual
- ☐ 5. Patient died
- ☐ 6. Outcome unknown

26. Is there biopsy confirmation of the diagnosis? (check only one) (164)

☐ 1 Yes ☐ 3 Biopsy not done
☐ 0 No ☐ 9 Unknown

27. IF APPLICABLE, is there autopsy confirmation of the diagnosis? (165)

☐ 1 Yes, autopsy confirmed diagnosis of Reye Syndrome. ☐ 3 Autopsy not done
☐ 0 No, autopsy was done but did not confirm diagnosis of Reye Syndrome ☐ 9 Unknown

28. ENTER DATA REPORT TAKEN

Mo. ☐☐ Day ☐☐ Yr. ☐☐ (166-171) BILIRUBIN (total) ☐☐.☐ mg/100ml (172-174)

29. Is the patient one of identical twins? (175)

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

30. Was blood for an acetaminophen level obtained within 48 hours of admission to the hospital? (176)

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

If YES, was acetaminophen detectable? (177)

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

If YES, how many µg/ml ☐☐ (178-179)

QUESTION 30 (A, B, C & D) OPTIONAL

31. A. Did the patient take any medications (nonprescription or prescribed) during the 3 weeks prior to the onset of Reye Syndrome (defined as vomiting or mental status changes)? (180)

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

B. Please list all of these medications below (include brand names if possible): (181-186)

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

C. How did you obtain this medication history?

- 1. Chart review ☐ (187)
- 2. Interviewed patient's physician ☐ (188)
- 3. Interviewed patient's parent ☐ (189)
- 4. Other (specify) _____ ☐ (190)

D. If obtained only by chart review, which did the medication history specifically indicate? (check all that apply)

- 1. Patient took acetaminophen during the three weeks ☐ (191)
- 2. Patient did not take acetaminophen during the three weeks ☐ (192)
- 3. No information regarding acetaminophen ingestion ☐ (193)
- 4. Patient took salicylate during the three weeks ☐ (194)
- 5. Patient did not take salicylate during the three weeks ☐ (195)
- 6. No information regarding salicylate ingestion ☐ (196)

32. A. Does the patient have a disease which requires the patient to take salicylate-containing medications regularly?

(197) ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

B. If YES, what is the disease?

- 1. Juvenile Rheumatoid Arthritis ☐
- 2. Other (specify): _____ ☐ (198)

RETURN TO: Centers for Disease Control
ATTN: Reye Syndrome Unit
Building 6, Room 125
Atlanta, Georgia 30333

PLEASE CHECK OVER ALL ANSWERS TO MAKE SURE THEY CAN BE READ AND PROCESSED APPROPRIATELY FOR DATA COLLECTION.

(See Reverse)